



# Application for Officer Position or Director of the Board

*A complete WDS application for Director of the Board or Officer positions includes  
Completed Application form with signed Candidate Agreement, letter(s) of support, Nominees CV*

Name: \_\_\_\_\_

## Position Self-Nominating/Being Nominated

- President-Elect (1-year term)                       Vice President (1-year term)  
 Director (4-year term)

## Have you previously Self-Nominated/Been Nominated for any position in the past?

- Yes    No                      If Yes, when \_\_\_\_\_  
What Position \_\_\_\_\_

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*The WDS Nominating Committee strives for diversity, equity and inclusion among candidates  
in requesting this information.*

## Practice setting

- Private practice     Academics     Both    Percentage of time \_\_\_\_\_  
 Other \_\_\_\_\_

Years in practice since residency or fellowship? \_\_\_\_\_

In which state(s) do you practice? \_\_\_\_\_

## WDS defines Dermatologist, for nomination purposes, as follows:

*WDS defines a dermatologist as an individual who is board certified in Dermatology in the United States  
and holds a current, unrestricted license to practice dermatology.*

## Are you board certified in Dermatology in the United States?

- Yes     No

## Do you hold a current, unrestricted license to practice dermatology?

- Yes     No                      License Expiration Date \_\_\_\_\_

**(Optional)**

**Are you of Hispanic, Latino, or Spanish origin?**

Select one or more of the following:

- Yes     No     Prefer not to answer

**(Optional)**

**How do you identify with respect to race?\*** (See Appendix)

Select one or more of the following:

- Black or African American     American Indian or Alaska Native  
 Asian     Native Hawaiian and Pacific Islander  
 White     Other Race  
 Prefer not to answer
- (If you do not identify with any of the provided race categories, please check this box.)

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**If you are not able to fill the boxes below,  
please send all information in a separate Word document.**

**What would you contribute to the WDS if elected as a WDS Director or Officer?** (300-word limit)

**List past contributions to WDS including duration and positions.**

**List current Officer, Director of the Board, Committee Chair, and Committee Member appointments you hold for organizations outside the WDS.**

List Officer, Director of the Board, Committee Chair, and Committee Member appointments you are currently applying for in organizations outside the WDS.

List any conflicts of interest, including financial interests, research interests, organizational interests, gifts and other interests. These conflicts apply to you and/or your immediate family or household.

Please explain how you would manage, if elected, the conflicts of interest listed above as they apply to you and/or your immediate family or household.

**Please list who letters of support are expected from below.**

Letters may be submitted by WDS members; colleagues from other organization; work colleagues; dean/program chair/other, etc. *Please provide the WDS Guidance for Letter Writers to each individual listed below.*

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

## WDS Candidate Agreement Form

*I hereby acknowledge that:*

- I understand the requirements of the position and the general terms under which I will be asked to serve, if elected.
- Except for extenuating circumstances, I will attend each and every required meeting, held virtually or in person.
- I will prepare myself sufficiently for each and every meeting by thoroughly reading the background material that is provided.
- I have read and will adhere to the Board policies and expectations.
- While participating in meetings as an officer or director of the Society, my first allegiance and priority and my fiduciary responsibility and liability are to the Women's Dermatologic Society (WDS) and to its members whom I will be representing.
- I will disclose all conflicts of interest as per the guidelines and policy established by the WDS.
- Having acknowledged the above, I agree to serve WDS if elected by the WDS membership. I acknowledge the significant commitment of time required in attending at least two face-to-face Board of Directors meetings each year, the Leadership Retreat, as well as time required to discharge my duties between Board Meetings.

I affirm that the information submitted is accurate and current.

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Signature

### **\*Appendix for Definition of Racial Groups**

#### Black or African American

The category "Black or African American" includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa.

#### American Indian or Alaska Native

The category "American Indian or Alaska Native" includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

#### Asian

The category "Asian" includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent.

#### Native Hawaiian and Pacific Islander

The category "Native Hawaiian or Other Pacific Islander" includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands.

#### White

The category "White" includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa.